

## 2011-2015 Colorado MCH Priorities with State and National Performance Measures

*The following nine (9) issues have been identified as priorities for the Maternal and Child Health Block grant for the following target populations: early childhood (birth-8 years), including children with special health care needs; children and youth (9-21 years), including children and youth with special health care needs; and women of reproductive age (15-44 years).*

Colorado MCH Priorities	State Performance Measures	National Performance Measures
1. Promote preconception health among women and men of reproductive age with a focus on intended pregnancy and healthy weight.	<p><b>SPM 1:</b> Percentage of sexually active women and men ages 18-44 using an effective method of birth control to prevent pregnancy. (BRFSS)</p> <p><b>SPM 2:</b> Percentage of live births to mothers who were overweight or obese based on BMI before pregnancy. (Birth certificate)</p>	
2. Improve screening, referral and support for perinatal depression.	<p><b>SPM 3:</b> Percent of mothers reporting that a doctor, nurse, or other health care worker talked with them about what to do if they felt depressed during pregnancy or after delivery. (PRAMS)</p>	
3. Improve developmental and social emotional screening and referral rates for all children ages birth to 5.	<p><b>SPM 4:</b> Percent of parents asked by a health care provider to fill out a questionnaire about development, communication, or social behavior of their child ages 1 through 5. (Child Health Survey - CH169)</p> <p><b>SPM 5:</b> Percentage of Early Intervention Colorado referrals coming from targeted screening sources. (Early Intervention Colorado)</p>	<p><b>NPM 12</b> – Percent of newborns who have been screened for hearing before hospital discharge.</p>
4. Prevent obesity among all children ages birth to 5.	<p><b>SPM 6:</b> Percentage of live births where mothers gained an appropriate amount of weight during pregnancy according to pre-pregnancy BMI. (Birth certificate)</p>	<p><b>NPM 11</b> – The percent of mothers who breastfeed their infants at 6 months of age.</p> <p><b>NPM 14</b> – Percent of children, ages 2 to 5 years, receiving WIC services that have a BMI at or above the 85<sup>th</sup> percentile.</p>
5. Prevent development of dental caries in all children ages birth to 5.	<p><b>SPM 7:</b> Percent of parents reporting that their child (age 1 through 5) first went to the dentist by 12 months of age. (Child Health Survey - CH63a)</p>	

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6. Reduce barriers to a medical home approach by facilitating collaboration between systems and families.		<p><b>NPM 3</b> – The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (National CSHCN Survey)</p> <p><b>National Outcome #2</b> – All Children will receive comprehensive, coordinated care within a medical home.</p>
7. Improve sexual health among all youth ages 15-19.	<b>SPM 8:</b> Percentage of sexually active high school students using an effective method of birth control to prevent pregnancy (YRBS).	<b>NPM 8</b> – The rate of birth (per 1,000) for teenagers aged 15 through 17 years.
8. Improve motor vehicle safety among all youth ages 15-19.	<b>SPM 9:</b> Motor vehicle death rate for teens ages 15-19 yrs old.	
9. Build a system of coordinated and integrated services, opportunities and supports for all youth ages 9-24.	<b>SPM 10:</b> The percentage of group members that invest the right amount of time in the collaborative effort to build a youth system of services & supports. (Wilder Collaborative Factor Inventory)	<p><b>NPM 6</b> – The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence. (National CSHCN Survey)</p> <p><b>NPM 8</b> – The rate of birth (per 1,000) for teenagers aged 15-17 years.</p> <p><b>NPM 16</b> – The rate (per 100,000) of suicide deaths among youths 15-19.</p>